REAL	<b>PROP</b>	<b>ERTY</b>
------	-------------	-------------

DATE

COMPL	AINT FOR KE	VIL VV C	A ASSESSIVE	4 1					
TYPE OR PRINT									
TAXPAYER'S NAME									
ADDRESS OF THE PROPERTY SUBJECT TO APPEAL: STREET									
OUTV				LOTATE		1 710			
CITY			STATE			CODE			
LOCATOR OR PARCEL NUMBE	R OF THE PROPERTY			COUNTY IN WHICH PROPERT	Y IS LOCATED				
CURRENT SUBCLASSIFICATION OF PROPERTY  AGRICULTURAL  RESIDENTIAL									
ORIGINAL VALUE BY THE ASSESSOR		V	VALUE SET BY BOARD OF EQUALIZATION (IF DIFFERENT THAN ASSESSOR'S)		VALUE PROPOSED BY THE TAXPAYER				
TRUE VALUE (MARKET)	ASSESSED VALUE		TRUE VALUE (MARKET)	ASSESSED VALUE TRUE VALUE (MARKET)			ASSESSED VALUE		
\$	\$	\$		\$	\$	\$			
THE TAXPAYER ALLEGES THAT THE ASSESSMENT IS UNLAWFUL, UNFAIR, IMPROPER ARBITRARY OR CAPRICIOUS BASED UPON THE FOLLOWING GROUNDS (CHECK ONE OR MORE AS APPLICABLE)									
OVERVALUATION	N								
DISCRIMINATION									
☐ MISGRADED AGRICULTURAL LAND									
$\square$ MISCLASSIFICATION - IN THE OPINION OF THE TAXPAYER, THE PROPER CLASSIFICATION SHOULD BE:									
□ OTHER (EXPLAIN)									
THE TAXPAYER HAS PREVIOUSLY APPEALED THIS ASSESSMENT TO THE BOARD OF EQUALIZATION (ATTACH A COPY OF THE BOARD'S DECISION) AND HEREBY REQUESTS A HEARING TO CORRECT THE ASSESSMENT.									
I swear that the allegations contained within this complaint are true to the best of my knowledge and belief.									
If represented by an attorney, complete right side only. If not, complete left side only. Missouri law requires attorney representation for all corporations, partnerships, trusts and other legal entities which are not natural persons.									
TAXPAYER'S SIGNATURE ATTORNEY'S SIGNATURE									
DAYTIME TELEPHONE			DAYTIME TELEPHONE BAR NUMBER						
( )			( )						
ADDRESS (STREET/BOX)			ADDRESS (STREET/BOX)						
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE		
i .			1	i		1	1		